

03500.016189.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:)
SHINICHI MATSUMOTO) Examiner: S. Alam
Application No.: 10/075,399) Group Art Unit: 2172
Filed: February 15, 2002)
For: PERSONAL DIGITAL)
ASSISTANT DEVICE,)
SERVICE INFORMATION)
DISTRIBUTION DEVICE,)
CONTROL METHOD,)
COMPUTER-READABLE)
STORING MEDIUM AND)
COMPUTER PROGRAM) November 12, 2004

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED

NOV 22 2004

AMENDMENT

Technology Center 2100

Sir:

In response to the Office Action dated August 12, 2004, please amend the
above-identified application as follows.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

November 12, 2004
(Date of Deposit)

Michael K. O'Neill (Reg. No. 32,622)
(Name of Attorney for Applicant)

Signature

November 12, 2004
Date of Signature



In re Application of:

Docket No. 03500.016189

SHINICHI MATSUMOTO

Application No.: 10/075,399

Examiner: S. Alam

Filed: February 15, 2002

Group Art Unit: 2172

For: PERSONAL DIGITAL ASSISTANT
DEVICE, SERVICE INFORMATION
DISTRIBUTION DEVICE, CONTROL
METHOD, COMPUTER-READABLE
STORING MEDIUM AND
COMPUTER PROGRAM

Date: November 12, 2004

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RECEIVED
NOV 22 2004
Technology Center 2100

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	18	MINUS	** 28	= 0	x \$9 \$18	0
INDEP. CLAIMS	8	MINUS	*** 8	= 0	x \$44 \$88	0
Fee for Multiple Dependent claims \$150°/\$300						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						0

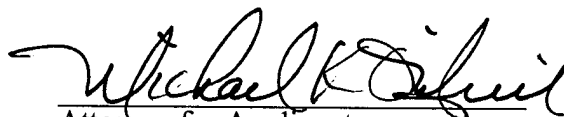
* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$_____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$_____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$_____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicants' undersigned attorney may be reached in our Costa Mesa, California office by telephone at (714) 540-8700. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicants
Michael K. O'Neill
Registration No.: 32,622

FITZPATRICK, CELLA, HARPER & SCINTO
30 Rockefeller Plaza
New York, New York 10112-3800
Facsimile: (212) 218-2200